

## **Dying and Death Care / Soins liés à la fin de vie et au décès**

11:30 - 13:00 Saturday, 23rd October, 2021

Presentation type Oral

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### **O181 “I want to make sure that my last requests are taken seriously”: The Challenges of Advance Care Planning Engagement in Long Term Care**

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#### **Abstract / Résumé**

This interpretative qualitative study explored residents' and families' perspectives on advance care planning (ACP) in long term care (LTC) prior to the onset of the COVID 19 pandemic. Perspectives on when, how and with whom ACP discussions should be introduced and; barriers and solutions to improving ACP engagement were examined. Fifty-one residents and families participated in seven focus groups. Our findings revealed that residents and families prioritized caring connections over professional rank when reflecting on staff involvement in ACP. Our findings further revealed that the caring and compassionate environment considered to be a critical pre-condition for ACP engagement was more typically enacted at end of life (EOL) when ACP was no longer an option.

As we look to repair and address longstanding issues in LTC, it is our hope that our findings, serve as a critical reminder that the provision of compassionate care must be viewed as a priority in LTC from the time of entry until death. Not only has its absence inhibited ACP uptake but it has served to severely compromise the quality of life and care in LTC for residents, families, and staff alike.

## **O182 Intra-family end of life conflict: Findings of a mixed-methods study to identify its incidence, causative factors, and impact**

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### **Abstract / Résumé**

Most decedents now are 65+ in age, making death and dying a prime gerontological concern. Palliative care is concerned with enabling good deaths, for both the dying person and their family. Yet, dying and end-of-life (EOL) care are often very stressful for both. Intra-family EOL conflict, such as between family members or between a dying person and one or more family members, is highly likely but not currently recognized as a common occurrence. It is not clear how often intra-family EOL conflict occurs, why it occurs or what predisposes it, and what the impacts of it are. A mixed-methods study was undertaken for an incidence rate, and insight into the reasons for and impacts of intra-family EOL conflict. A survey gained baseline information from 102 informed persons in Alberta. Twelve of the survey participants who volunteered were interviewed to explore the intra-family EOL conflicts that they had been involved in or were aware of. The survey text data and interview data were analyzed in relation to three a-priori conflict reasons and three a-priori conflict outcomes that had been identified in a recent research literature review of intra-family EOL conflict. The survey revealed almost 80% of families experienced some form of intra-family EOL conflict. All three a-priori reasons for conflict and all three a-priori outcomes of conflict were confirmed. These findings indicate routine assessments for potential or existing intra-family EOL conflict are advisable. Attention is needed to prevent or mitigate this conflict for the good of all.

## **O183 Exploring the attention of family medicine residents to the needs of older adults in advance care planning**

Olivia Virag, Tavis Apramian, Erin Gallagher, Michelle Howard  
McMaster University, Hamilton, Canada

### **Abstract / Résumé**

**Objectives:** To explore and describe how resident physicians understand advance care planning (ACP) as it relates to older adult patients. This study is part of a larger program of grounded theory research on approaches to advance care planning by family medicine residents.

**Method:** Residents were recruited through the Department of Family Medicine at McMaster University. Nine family medicine residents participated in a 30-minute virtual interview. A semi-structured interview guide was used to investigate the resident's perceptions and experiences of ACP in their residency training, and a thematic analysis was conducted.

**Results:** Residents discussed how their medical education and their primary preceptor's clinical values were important in determining their experiences and comfort level with ACP during residency. Some themes that emerged surrounded confidence levels, logistical and conceptual barriers they face in their efforts; and how to best teach residents these crucial communication skills. Residents who had direct experience working with older adults with life-limiting illnesses were more comfortable in addressing ACP topics during clinic visits.

**Conclusions:** There is a need to understand how resident physicians perceive ACP as it relates to the older adult patient population. It is evident that there is much to learn about how teaching on ACP is implemented in residency education. Ultimately, this research will inform the development of educational materials and policies used in the teaching of advance care planning locally and nationally.

## **O184 Acknowledging Rural Older Adults' Experiences of Bereavement as they Transition through the Health Care System**

Laura Poulin

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### **Abstract / Résumé**

**Background/Objective:** Aligning public services with aging populations is fundamental to modern Canadian health care practice, yet ineffective models of service provision result in inadequate transitional support for the older demographic in rural areas. To redress this gap, this study aimed to better understand older adults' experiences as they transitioned from a rural hospital: 1) to a long-term care home or 2) to their residential home in the community.

**Method:** Using a three-phased approach, this study capitalized on the use of a rural community inventory, go-alongs and semi-structured interviews to gather observational and verbal data. Documenting the perceptions and interactions of older adults, informal supports, front-line staff and administrators, this unique approach considered the spatiality and temporality of rural older adults' experiences of transitional care across the care continuum.

**Results:** Affirming the dominance of the biomedical model and other macro-driven priorities, divergent utilitarian and individualized definitions of patient-centred care were found to gravely impact the transitional care experiences of older populations in rural areas. Indeed, rural older adult transitions are connected with on-going loss of identity, independence, lifestyle and interpersonal relationships that are not well supported in clinical practice.

**Conclusions:** Establishing that transitions are not 'just a transfer', this project confirms the need to support the emotional overlay of rural older adult transitions that cannot be reduced to one care setting. The way forward then requires attention to partnerships across the care continuum and community driven innovation that leverages the strengths of local contexts.

## **O185 End-stage dementia in Long-Term Care Centers: Is the concept of personhood still relevant?**

Maryse Soulieres

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### **Abstract / Résumé**

Initially developed by Kitwood (1997), the concept of personhood has been largely used to counter the dehumanizing effects a dementia diagnosis is reported to have on people's lives. Yet, even though the risk of dehumanization may increase as the disease progresses, very little research seems to have used this concept with people who have reached end-stage dementia.

This presentation builds on an ethnographic study led in two Long-Term Care centers in Montreal over an 18-month period (2016-2017). Data comprise over 200 hours of participant observation as a companion for 8 residents with end-stage dementia who were no longer able to express themselves verbally and whose non-verbal expressions were often very limited. Individual interviews were also conducted with 7 family members and 13 staff members (including personal support workers, nurses, professionals and directors).

Results allow for a critical analysis of different conceptualizations of personhood in dementia, which present various limitations when applied to end-stage dementia: political personhood; relational personhood; cognitive personhood; biographical personhood; embodied personhood; moral personhood. Still, family members, staff and the researcher picked up subtle yet consistent signs that the "person" was not lost in end-stage dementia. This presentation proposes two alternatives to better grasp personhood in end-stage dementia: 1) a reframing of the embodied personhood to enable a finer scrutiny of how the person is still found in her body on a daily basis, and 2) a variation on the moral personhood, borrowed from critical studies, that is centered around the human vulnerability.

## **O186 Development of preliminary quality indicators for palliative care using existing interRAI data from across Canada**

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### **Abstract / Résumé**

**Background and objectives:** Most older adults receiving home care in Canada are 65+, and most of these individuals would prefer to receive care in their own homes. Currently, there are no standardized quality indicators (QIs) for community-based palliative care (PC). The goal of this project is to develop a set of QIs using existing data collected with interRAI assessment instruments used in home care across Canada.

**Methods:** We engaged with various stakeholders from across Canada to solicit their opinions/feedback on potential priority measures of PC quality. Based on their feedback, the research team developed a list of 27 potential QIs. A group of 21 PC experts from Canada, the US and Belgium evaluated the potential list of QIs using a modified RAND/UCLA Delphi process.

**Results:** From these efforts, a preliminary list of 22 QIs was developed and operational definitions (i.e., numerator and denominator) were created based on existing interRAI data elements. These preliminary QIs cover multiple domains including physical symptoms and psychosocial issues. Overall unadjusted rates for QIs in these domains include pain control (10.6%), constipation (4.7%) and negative mood (32.9%). QI rates will also be explored using data from multiple parts of Canada.

**Conclusion:** Having a standardized set of QIs gives health care professionals and decision makers evidence-based information to guide them in their ongoing quality improvement initiatives. By having real-time QI rates, health care professionals will have important decision-support tools to help improve the quality of care being provided to individuals with a serious or life-limiting illness.